

California Resident Income Tax Return 1999

FORM
540A

Step 1

Place
label here
or printName
and
Address

Your first name		Initial	Last name	
If joint return, spouse's first name		Initial	Last name	
Present home address — number and street including PO Box or rural route				
City, town, or post office			Apt. no.	PMB no.
State			ZIP Code	

P
AC
A
R
RP

Step 1a SSN

Your social security number					Spouse's social security number				

IMPORTANT:
Your social security number
is required.

Step 2

Filing Status

Fill in only one.

- 1 ☐ Single 2 ☐ Married filing joint return (even if only one spouse had income)
3 ☐ Married filing separate return. Enter spouse's social security number above and full name here _____
4 ☐ Head of household (with qualifying person). STOP. See instructions.
5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died 19 _____.

Step 3

Exemptions

Attach check or
money order here.

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐
► For line 7, line 8, line 9, and line 11: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.
7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$72 = \$ _____
8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$72 = \$ _____
9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$72 = \$ _____
10 Add line 7 through line 9. This is your total exemption credit before the dependent exemption credit 10 **Total** \$ _____
11 **Dependents:** Enter name and relationship. Do not include yourself or your spouse.
_____ Total dependent exemption credit 11 ☐ X \$227 = \$ _____

Dependent Exemptions

Step 4

Taxable Income

Attach copy of your
Form(s) W-2, W-2G,
1099-R, and other
Forms 1099 showing
California tax withheld.

- 12 a State wages from your Form(s) W-2, box 17 ● 12a _____
12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4;
Form 1040A, line 18; or Form 1040, line 33. (If over \$100,000, STOP; you must file Form 540) 12b _____
13 Total California income adjustments. Enter the amount from Side 2, Part I, line 7 ● 13 _____
14 Subtract line 13 from line 12b. This is your California adjusted gross income. See instructions ● 14 _____
15 Enter the **larger** of your CA **itemized deductions** OR your CA **standard deduction**. See instructions ● 15 _____
16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- 16 _____

Step 5

Tax and Credits

- 17 Tax. Use the tax table to find the tax on the amount shown on line 16 17 _____
18 Exemption credits. Add line 10 and line 11. Enter the result here 18 _____
19 Nonrefundable renter's credit. See instructions ● 19 _____
20 Total credits. Add line 18 and line 19 20 _____
23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ● 23 _____

Step 6

Overpaid Tax or Tax Due

- 24 California income tax withheld. See instructions ■ 24 _____
25 1999 California estimated tax and payment with form FTB 3519 ■ 25 _____
27 Excess SDI. See instructions ■ 27 _____
28 Total payments and credits. Add line 24, line 25, and line 27 28 _____
29 Overpaid tax. If line 28 is more than line 23, subtract line 23 from line 28 29 _____
30 Enter the amount of line 29 you want applied to your 2000 estimated tax ■ 30 _____
31 Overpaid tax available this year. Subtract line 30 from line 29 ■ 31 _____
32 Tax due. If line 28 is less than line 23, subtract line 28 from line 23 32 _____

Step 7

Refund or Amount You Owe

- 34 Total contributions. Enter amount from Side 2, Part II, line 14 ● 34 _____
35 Subtract line 34 from line 31. You have a **REFUND** or **NO AMOUNT DUE**.
Enter the result here. See Part III for direct deposit. See Part IV to sign your return ■ 35 _____
36 Add line 32 and line 34. This is the **AMOUNT YOU OWE**. Enter the result here.
See Side 2, Part IV to sign your return. ■ 36 _____
37 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ☐ ■ 37 _____
38 If you do not need California income tax forms mailed to you next year, fill in this circle ● 38 ☐

Part I

California Income Adjustments

See instructions

1	State income tax refund adjustment (from Form 1040, line 10). See instructions	1	
2	Unemployment compensation adjustment (from federal TeleFile Tax Record, line D; Form 1040EZ, line 3; Form 1040A, line 12; or Form 1040, line 19). See instructions	2	
3	Social security benefits adjustment or tier 1 and tier 2 railroad retirement benefits adjustment. See instructions	3	
4	California nontaxable interest or dividend income adjustment. See instructions	4	
5	California IRA distributions adjustment. See instructions	5	
6	California pensions and annuities adjustment. See instructions	6	
7	Total California income adjustments. Add line 1 through line 6. Enter here and on Side 1, line 13	7	

Part II

Contributions

1	Contribution to California Seniors Special Fund. See instructions	◀ 47 ▶	1	
You may make a contribution of \$1 or more to the following funds:				
2	Alzheimer's Disease/Related Disorders Fund	◀ 48 ▶	2	00
3	California Fund for Senior Citizens	◀ 49 ▶	3	00
4	Rare and Endangered Species Preservation Program	◀ 50 ▶	4	00
5	State Children's Trust Fund for the Prevention of Child Abuse	◀ 51 ▶	5	00
6	California Breast Cancer Research Fund	◀ 52 ▶	6	00
7	California Firefighters' Memorial Fund	◀ 53 ▶	7	00
8	California Public School Library Protection Fund	◀ 54 ▶	8	00
9	D.A.R.E. California (Drug Abuse Resistance Education) Fund	◀ 55 ▶	9	00
10	California Mexican American Veterans' Memorial	◀ 56 ▶	10	00
11	Emergency Food Assistance Program Fund	◀ 57 ▶	11	00
12	California Peace Officer Memorial Foundation Fund	◀ 58 ▶	12	00
13	Birth Defects Research Fund	◀ 59 ▶	13	00
14	Total contributions. Add line 1 through line 13. Enter here and on Side 1, line 34		14	

Part III

Direct Deposit Information

To have your refund directly deposited, fill in the boxes below. See instructions.

Routing number	
Account type:	
Checking <input type="checkbox"/> Savings <input type="checkbox"/>	Account number

Part IV

Sign Here

It is unlawful to forge a spouse's signature.

Joint return?
See instructions

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete.		9
Your signature	Spouse's signature (if filing joint, both must sign)	Daytime phone number
X	X	() +
Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Date
Firm's name (or yours if self-employed)		Paid Preparer's SSN/FEIN/PTIN
Firm's address		

Where to Mail Your Return

REFUND or NO AMOUNT DUE (Side 1, line 35):

FRANCHISE TAX BOARD
PO BOX 942840
SACRAMENTO CA 94240-0000

AMOUNT DUE (Side 1, line 36):

FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0001

- Make your check or money order payable to "Franchise Tax Board."
- Write your social security number and "1999 Form 540A" on your check or money order.
- Attach check or money order to your Form 540A.

✓ **Keep a copy of this signed return with your tax records for four years from the due date for filing your return.**

- Be sure to file your return by April 17, 2000.
- If you cannot file your return by April 17, 2000, and owe tax, be sure to complete form FTB 3519, Payment Voucher for Automatic Extension for Individuals, and pay the amount you owe by April 17, 2000, to avoid late payment penalties and interest.
- Be sure to enter your social security number(s) in Step 1a.
- Use the preprinted label if you received one. If the information is not correct, make the necessary corrections in ink.
- **Do not attach your federal return to this return.**